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CALIFORNIA'S HEALTH

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DIRECTOR OF PUBLIC HEALTH

STATE DEPARTMENT OF PUBLIC HEALTH
ESTABLISHED APRIL 15, 1870

PUBLISHED SEMI-MONTHLY

ENTERED AS SECOND-CLASS MATTER FEB. 21, 1922, AT THE POST OFFICE AT SACRAMENTO, CALIFORNIA, UNDER THE ACT OF AUG. 24, 1912. ACCEPTANCE FOR MAILING AT THE SPECIAL RATE OF POSTAGE PROVIDED FOR IN SECTION 1103, ACT OF OCT. 3, 1917

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VOLUME 1, NUMBER 13 JANUARY 15, 1944 GUY P. JONES Editor

FEWER SUICIDES IN WARTIME

In the past 10 years, an annual average of 1,678 individuals has committed suicide in California. In spite of the fact that more people were living in the State last year than at any time in its history, the 1942 suicide rate is lower than it has been for many years. There were but 1,503 suicides registered in California in 1942 as compared with 1,709 in 1932 and 1,744 in 1933, during which years a severe economic depression prevailed. In 1940, however, there were 1,877 suicides registered in California, bringing a rate of 27.0 per 100,000 population, the highest suicide rate that has been registered in California since 1915 when the rate was 33.6 per 100,000 population.

It would naturally be assumed that more suicides would occur when the Country is at war, when nerves are taut and psychologic disturbances are commonly encountered. As a matter of fact, however, the opposite is true. More suicides occur in California during years of economic depression, while in periods of economic prosperity the rate falls considerably. There can be little doubt that economic insecurity is a primary factor in suicides in California.

The State, together with other Western States, has for years been a great center for single men in the casual labor groups. These men have wandered from State to State, making their temporary homes in labor centers such as Sacramento, Stockton, San Francisco, Bakersfield, and other places. Suicide rates are always high in such employment centers where casual laborers are generally found in large numbers.

The accompanying table provides information relative to the numbers of suicides and the rate for each year when the decennial United States census has been taken. It will be noted that San Diego, Sacramento, San Francisco, Los Angeles, and Oakland have maintained high suicide rates with considerable consistency. Suicide in California has, in fact, been largely a problem associated with metropolitan rather than rural areas of the State. It is interesting to note, however, that in 1942 the numbers of suicides have decreased in the larger centers of population quite uniformly, while in the rural districts they have shown considerable increase.

That problems related to suicide are not confined to California alone is shown in the accompanying table which gives information relative to the number of suicides per 100,000 population for the Western States of California, Oregon, Washington, Idaho, Montana, Nevada, Wyoming, Arizona, and New Mexico. Nevada, for the last 20 years, has led all Western States in the

SUICIDE RATES—WESTERN STATES

Year	United States	California	Oregon	Washington	Idaho	Montana	Nevada	Wyoming	Arizona	New Mexico
1905	13.5	------	------	------	------	------	------	------	------	------
1910	15.3	28.9	------	20.0	------	21.3	------	------	------	------
1915	16.2	33.6	------	24.5	------	22.0	------	------	------	------
1920	10.2	19.6	13.8	17.9	------	15.8	------	------	------	------
1925	12.0	23.6	19.0	21.3	14.0	19.1	------	21.3	------	------
1930	15.6	26.5	23.4	24.5	13.7	25.1	42.6	27.4	18.5	12.4
1935	14.3	24.4	19.6	22.9	15.2	17.8	33.7	18.3	14.9	10.9
1940	14.4	27.0	17.3	22.8	17.5	20.7	40.8	23.1	13.4	13.2

SUICIDES—CALIFORNIA

Year	Sacramento		San Diego		San Francisco		Los Angeles		Oakland	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
1910	13	17.7	10	14.5	188	29.7	99	21.8	48	24.9
1920	15	22.3	20	25.7	132	25.7	115	18.9	42	19.0
1930	41	43.5	64	40.6	264	41.4	312	24.8	79	27.7
1940	43	40.6	50	20.2	198	31.2	477	30.1	77	22.2

production of high suicide rates. In Wyoming, Montana, and Washington, these rates are also high. New Mexico and Arizona, with their large Mexican populations, have the lowest suicide rates of any of the Western States.

As compared with other States of approximately the same population as California, it will be noted from the accompanying table that California has consistently higher suicide rates than either Illinois, Michigan or Ohio. Ohio, in fact, in 1940, had almost exactly the same population as California, yet its suicide rate is almost half that of California.

SUICIDE RATES
States With Approximately the Same Population

Year	United States	California	Illinois	Michigan	Ohio
1905	13.5	----------	----------	11.2	----------
1910	15.3	28.9	----------	13.6	14.2
1915	16.2	33.6	----------	14.3	14.8
1920	10.2	19.6	11.4	9.6	10.4
1925	12.0	23.6	13.2	11.4	12.3
1930	15.6	26.5	18.1	16.7	17.5
1935	14.3	24.4	16.1	13.9	15.2
1940	14.4	27.2	14.6	13.9	15.8

Dr. Frederick L. Hoffman, for many years statistician for one of the large life insurance companies, has written extensively on suicide in the United States. In one of his discussions on this subject, he stated:

"I feel sure that half of the suicides could have been prevented and I speak in the light of 40 years of an active interest in the subject of self-destruction, believing that if timely aid and qualified advice were forthcoming at the right time many a valuable life might have been spared. Only a National society for the purpose of studying the prevention of suicide, with branches in all the principal cities, can hope to cope with the problem in all its vast and intricate ramifications. Society itself is largely responsible for a large share of the annual toll of deaths by self-destruction. For it is the shams of our civilization that lie at the root of the evil and are the productive causes of the confusion which inevitably at present drives thousands to seek in suicide the only way out."

Most suicides in California occur between the ages of 45 and 54 years. The accompanying table, showing the number of suicides in California by age groups and the rates per 100,000 population for suicide and for all causes of death, provides information relative to the age groups during which most suicides occur. In the past 10 years there have been 32 suicides of individuals between the ages of five and 14 years and there have been 2,516 suicides out of a total of 16,780 among individuals who were more than 65 years of age. Out of 16,780 suicides registered in California during the past 10 years, 8,884 were in persons who were born in other States, 3,999 were born in foreign countries, and 2,918 were born in California. The nativity of 914 is unknown and 65 suicides were born in United States possessions.

Of the total number reported, 12,902 were men and 3,878 were women; 15,645 were White, 372 Mexican, 275 Japanese, 182 Negro, 152 Chinese, 48 Filipino, 42 Indian, and 64 members of other races.

DEATHS FROM SUICIDE AND ALL CAUSES, BY AGE GROUPS. NUMBER AND RATE PER 100,000 POPULATION *. CALIFORNIA, 1940

Age	Suicide		All causes	
	Number	Rate per 100,000	Number	Rate per 100,000
Total, all ages	1,877	27.0	80,293	1157.3
Under 5 years	----------	----------	5,352	1177.0
5- 9 years	----------	----------	500	115.1
10-14 years	1	0.2	458	95.4
15-19 years	39	7.1	966	176.4
20-24 years	95	16.4	1,329	230.2
25-29 years	142	23.1	1,562	253.7
30-34 years	135	23.1	1,785	306.1
35-39 years	186	33.2	2,357	421.5
40-44 years	216	41.4	3,158	605.5
45-49 years	200	41.0	4,336	889.4
50-54 years	202	45.6	5,661	1296.4
55-59 years	193	52.3	6,631	1795.7
60-64 years	168	55.6	7,924	2623.4
65-69 years	150	64.4	8,858	3802.4
70-74 years	66	41.2	9,282	5795.4
75 years and over	84	50.3	20,134	12066.8

* 1940 census population adjusted to midyear.

While it is recognized that many of the problems associated with suicide are unrecognized and unknown, it is believed that social behavior and mental hygiene may be involved to a great extent in the production of this phenomenon. The trend of this cause of death throughout a long period of years in California indicates, however, that economic insecurity, lack of home ties, and intermittent employment, as well as unemployment constitute the chief factors in the production of suicide in California.

DR. HALVERSON APPOINTED ON ROCKEFELLER BOARD

Dr. Wilton L. Halverson, Director of the California State Department of Public Health, has recently been appointed to the Board of Scientific Directors of the International Health Division of the Rockefeller Foundation. Dr. Wilbur A. Sawyer, Secretary of the California State Board of Health from 1916 to 1918, and prior to that time Chief of its Hygienic Laboratory, is Scientific Director of the International Health Division.

This recognition of Dr. Halverson's ability is appreciated by the members of the staff of the California State Department of Public Health, as well as by all public health workers throughout the State.

EPIDEMIC POLIOMYELITIS IN 1943

Epidemic poliomyelitis was widely prevalent in 1943, 2,633 cases having been reported among civilians in California during the year with a case rate for the State of 34.4 per 100,000 population. In 1934, when the most extensive outbreak of this disease occurred, the heaviest distribution was in the larger centers of population, most cases having occurred in the metropolitan areas of the State with relatively few cases in other districts. In the 1943 outbreak the distribution was higher in the less thickly populated communities and such distribution was scattered more widely over the State. The highest case rates last year were in the counties of Tehama, Mono, Lake, Kern, Sonoma, Humboldt, and Yolo counties.

The apparent peak of the outbreak occurred in September when 620 cases were reported. In August and July, 532 and 473 cases, respectively, were reported.

A tabulation of reported cases by date of onset accompanies this discussion, however, which indicates that the onset of most cases occurred in August and July, such onsets having occurred to the number of 636 in August and 533 in July. The segregation of reports by calendar months, as received, is responsible for this variation. Actually it would appear that the peak of the outbreak occurred in August rather than September.

The following tables provide detailed information relative to the distribution of poliomyelitis by counties of California in 1943:

POLIOMYELITIS CASES BY DATE REPORTED AND BY DATE OF ONSET

CIVILIAN CASES

1943

Month	*By date reported*	*By date onset*
January	27	20
February	15	15
March	18	17
April	23	41
May	53	109
June	253	256
July	473	533
August	532	636
September	620	469
October	306	337
November	228	155
December	85	31
Total	2,633	2,619
		Plus 14 cases reported in 1943 with 1942 onsets.
		2,633

Life is a series of experiences, each one of which makes us bigger, even though sometimes it is hard to realize this. For the world was built to develop character, and we must learn that the setbacks and griefs which we endure help us in our marching onward.—Henry Ford.

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH POLIOMYELITIS RATES PER 100,000 POPULATION

County	*Rates*	*Number cases*
Tehama	150.0	21
Mono	147.0	3
Lake	131.6	10
Kern	124.4	168
Sonoma	112.2	83
Yolo	96.7	29
Humboldt	90.1	43
Mendocino	78.9	21
Yuba	78.9	15
Santa Barbara	77.5	55
Colusa	73.7	7
Santa Cruz	70.7	29
Contra Costa	69.9	123
Santa Clara	66.8	129
Butte	49.8	22
Shasta	48.9	18
Sacramento	48.2	94
Solano	39.4	41
Tulare	39.1	43
Siskiyou	38.7	11
San Mateo	38.3	51
Madera	37.7	9
Stanislaus	37.0	30
Marin	35.5	23
San Benito	35.1	4
San Luis Obispo	34.9	15
Kings	34.3	12
San Joaquin	33.3	48
Tuolumne	33.3	3
Sutter	33.3	7
El Dorado	32.8	4
Orange	32.4	47
Fresno	29.4	53
San Diego	29.0	116
Plumas	29.0	4
Alameda	28.7	167
Glenn	26.0	3
Los Angeles	25.9	778
Ventura	24.0	17
Amador	23.2	2
San Francisco	21.3	145
San Bernardino	19.7	35
Lassen	18.6	3
Nevada	17.6	3
Placer	16.0	4
Monterey	14.4	12
Merced	12.8	6
Napa	11.9	5
Riverside	8.7	10
Imperial	3.3	2
California (State rate)	34.4	2,633

Rates only computed on counties having two or more cases.

The future can be anything we want it to be, providing we have the faith and that we realize that peace, no less than war, requires "blood and sweat and tears." Charles F. Kettering.

I'm telling you parents, and I'm telling you this with all the sincerity of my soul, that we can never give the time of youth back to these youngsters if they lose school now. We are going into a new era, into a new period, into a new kind of life. The competition will be great and education, talent and ability will be necessary; even those working at trades will have higher education. Education is necessary for the full enjoyment of leisure time that is coming in the better days that are ahead.—Fiorello H. LaGuardia.

A LEGAL OPINION ON BIRTH CONTROL

Some State health departments, if their laws permit, conduct approved birth control clinics for programs of planned parenthood. The subject has been under discussion in California and there has until recently been uncertainty as to whether or not the California laws would permit the State to conduct such clinics. The Attorney General of California has been asked whether the California State Department of Public Health may give information to health committees in industrial plants relative to the availability of approved birth control clinics. Arthur McHenry, deputy under Attorney General Robert W. Kenny, states:

"After such consideration, we can not say that the courts will interpret the applicable statutes as authorizing the department to engage in an activity where that activity is one in which all persons, without exception, are prohibited from engaging by Section 601 of the Business and Professions Code. Attention may be called to the exception expressly accorded the department in Section 600 with respect to the advertising of venereal disease remedies.

"Further, it does not appear to us that the courts will sustain the proposed activity of the department upon the authority of Section 101 of the Health and Safety Code as amended by Chapter 1061 of the Statutes of 1943. The section does not expressly authorize this activity and, in view of the lack of definite indications of legislative intent with respect to this subject at the time of the enactment of the 1943 amendments, it does not appear that the courts will infer the existence of this authority.

"In rendering an opinion, we can only attempt to predict what the courts will hold, should the situation be presented to them, and alvise you as to your course of action upon the basis of that prediction. As it does not appear that the courts will sustain the deparment under the laws as they now exist, the department, if it desires to engage in this activity, should secure a clearer grant of authority from the Legislature."

These are the times that try men's souls. The summer soldier and the sunshine patriot will, in this crisis, shrink from the service of his country; but he that stands it now, deserves the love and thanks of man and woman. Tyranny, like hell, is not easily conquered; yet we have this consolation with us, that the harder the conflict, the more glorious the triumph. What we obtain too cheap, we esteem too lightly: 'tis dearness only that gives everything its value. Heaven knows how to put a proper price upon its goods; and it would be strange, indeed, if so celestial an article as freedom should not be highly rated.—Thomas Paine.

AN OPINION ON FILING MARRIAGE CERTIFICATES

The Director of the State Department of Public Health recently asked the Attorney General if the department should refuse to accept certificates of marriage for registration when the parties concerned are married in a county other than the county in which the marriage license is issued.

In an opinion rendered in 1931 the Attorney General at that time held that the State Registrar of the Department of Health acted properly in refusing to accept for registration such a marriage certificate. The basis of this conclusion was that the marriage was invalid and, therefore, the certificate of marriage should not be registered. A decision in this case (Lininger) was handed down in 1937.

In the new opinion rendered December 29, 1943, written by Carl W. Wynkoop, Deputy to Attorney General Robert W. Kenny, it is stated:

"Without considering the provisions of Section 69 of the Civil Code, but relying entirely upon Sections 68 and 71, the court apparently held that a marriage performed in a county other than the county where the license was issued was a valid marriage. There was no rehearing in the district court and apparently no request for hearing by the Supreme Court.

"In Opinion NS2996, issued by this office under date of October 16, 1940, the question under consideration was the validity of a marriage performed in a county other than the county in which the marriage license was issued. The *Lininger* case was discussed at some length and in that connection we said:

> '*People* vs. *Lininger*, referred to by you, might be based either upon the theory that a marriage license obtained in one county or upon the theory that the requirement that a license be obtained is directory only. If the former, it would appear to be in conflict with Section 69 of the Civil Code. If the latter, there appears to be a conflict with the case of *People* v. *McIntyre*, supra.'

"We concluded that a categorical answer to the question of the validity of the marriage should not be given but that to avoid possible unfortunate consequences the parties to the ceremony should obtain a license from the clerk of the county in which the marriage is to be performed.

"For further discussion of the *Lininger* case see 11 S.C.L. 304, and 13 S.C.L. 39.

"Your particular question concerns your duty in respect to the registration of marriage certificates.

"The question as to the validity of a marriage is a judicial one for the courts to determine. The Bureau of Vital Statistics cannot determine such questions since it does not possess judicial powers. Therefore,

it follows that when a marriage certificate is presented for registration it is the ministerial duty of the bureau to register it. Anything said to the contrary in Opinion 7783 (Oct. 29, 1931) is hereby overruled.

"Section 10533, *Health and Safety Code*
"Cf. *Ham* v. *County of Los Angeles*, 46 C.A. 148
People v. *Smith*, 123 C. 70, at 74
Wright v. *Jordan*, 192 C. 704, 709."

GROWING INCIDENCE OF RHEUMATIC FEVER

HAROLD ROSENBLUM, Lt. Cdr., MC, USNR
President, California Heart Association

Pre-war studies [1] of mortality statistics in some Eastern States have shown a declining death rate for rheumatic heart disease in the younger age groups. This does not necessarily mean that all deaths from rheumatic heart disease have diminished, nor, according to Dublin [1] can any improvement be credited except "in small measure to specific measures of control."

On the other hand, there are important current reasons why it is not to be expected that the problem will dwindle in the immediate future. First, rheumatic fever is increasingly being recognized in areas formerly thought to be relatively free from this scourge.[2] Second, the herding of large numbers of soldiers and sailors results in conditions favorable for the development of rheumatic fever in many susceptible subjects who might, under other circumstances, escape significant exposure to the streptococcus. It is likely that the total incidence of rheumatic fever is growing and will continue to grow, at least for the immediate future. Moreover, with increased awareness of the disease, and with legalized reporting, as in this State, the apparent incidence also will increase.

The registration of cases offers a method of defining the magnitude of the problem from the standpoint of public health. This must be accompanied, however, by professional and lay education and by the establishment of adequate facilities for the care of patients with the disease, including the acute, convalescent and chronic phases.

The first need of the world, more urgent even than bread, will be order. And the second need will be food. Hungry people abandon all restraint and defy all order. The next imperative need will be to restore economic production, for the starving can not long be supported on charity.—Herbert Hoover.

[1] Dublin; Hedley; Swift and Cohn; Dublin and Spiegelman: Quoted in "The Epidemiology of Rheumatic Fever," Paul, J. R., p. 46, American Heart Association, 1943.
[2] McClendon, S. J.; Rheumatic Fever: Its Incidence in the Southwestern States, Calif. and Western Med, *59*:114, August, 1943.

CALIFORNIA'S HEALTH IN 1858

Because of the new and widespread interest in vital statistics throughout California, it its interesting to turn back to the report of the first State Registrar of Vital Statistics, issued in 1858. The office was held by Edwin R. Campbell, who was appointed in 1858 following an act of the Legislature creating the office. Support came through fees that were divided between two county officials and the State Registrar. Unfortunately, the portion allotted to the State could not be obtained and after two years the Legislature repealed the law.

There was no state-wide registration of vital statistics again until 1905. In his first report, which covered the first eight months of 1858, the registration of deaths was far from complete, relatively few certificates having been filed with the State Registrar.

At that time tuberculosis was a primary cause of death and Mr. Campbell's comments on tuberculosis deaths, as well as deaths from accidents and violence, are interesting because of the fact that these are still important causes of death in California.

After commenting upon the large proportion of deaths among the foreign born who had come to California in the Gold Rush, Mr. Campbell reported:

"Beyond occasional strongly marked discrepancies in the ages of the parties, such as the wedding of 50 to 15, or a union of winter and spring, the registration of marriages presents no singular anomaly, with the single exception of a union of the Mongolian and Caucasian types of mankind in the marriage of a male representative of the Teutonic to a female of the Asiatic, a German in a southern county having been joined in wedlock to a China woman. What the result of this union will be, I leave to abler physiologists and more learned savants than myself to determine.

To the medical and other learned professions the foregoing report of deaths with the accompanying facts and statistics meager and imperfect and accompanied by errors unavoidable in the labor of compiling and arranging them as they are, can not fail to be of the deepest interest. To the statistician and statesman's as well. They are pregnant with facts of the utmost importance which must increase in value as these registrations are continued from year to year. To the prosecutor of medical and physiological research, especially in the investigation of disease in its multiform shapes and in the discovery and application of new remedies, California offers a field to be found nowhere else in the world. The same may be said of the extensive and varied surgical practice of the State. I regret that the emoluments of the office of State Registrar, whatever of honors may attach to the same during the eight

months of its existence, have been comparatively so insignificant as to preclude my availing myself of any outside aid or professional assistance so desirable in the preparation of the tabular statements as contemplated by the law. They are solely the results of my own labors and I alone am responsible for their imperfections and the unavoidable errors they may contain. In the preparation of the foregoing table I have studiously avoided technicalities in names of diseases farther than was absolutely necessary, discarding tautology and endeavoring to condense the medical synonyms used in registration into as brief and comprehensive a space as practicable without marring the symmetry and usefulness of the whole. Many of the terms given in the original entries are extremely vague and indefinite, and there are some terms named as causes of death that may be set down as entirely original and new to the medical profession. A few of these are "Effect of Jiggers," "Evil in the Bladder," "ulidriss ciriden," "luesis." But one case of strangulation is reported, although numerous and well-known instances have occurred since the passage of the law, yet no registrations have been made of the same, although such cases are not rare. The native California patriarchs living to a great age and evidently die from the clogging and wearing out of Nature's machinery, yet but one case of death from old age, it will be seen, is reported—that of Mons. Lewis Lauriat, well-known to the people of this Union as among the first, if not the first, aeronaut that ascended in a balloon in the United States. This truly scientific old man, whose venerable form was familiar to the citizens of Sacramento perambulating the streets, went off in August last at the advanced age of 92 years. It will be seen that the most numerous among causes of death is consumption. The greater number of the deaths recorded among the Chinese are attributable to this disease. This is perhaps owing somewhat to the difference in climate, but more attributable to this race living in many cases in damp, ill-ventilated, and, in a great number of instances, in underground tenements. Several deaths from consumption among the California Indians, adopted into families, and inducted into the customs of civilization, are among those reported. Enough is known to render the fact indisputable that the moment Digger children are taken from their native clover pastures and diet of grasshoppers, acorns and similar "Chemuck," and transferred from their tule or dirt huts away from the vicinity of their sweat houses, and invested with the clothing of the civilized portion of mankind, in fact, submitted to the manners, customs, and mode of living of the white race, they are invariably booked for this fatal complaint—an insuperable barrier to all attempts at civilizing or Christianizing this doomed and devoted race.

Deaths from accident, owing to the nature of the employments of our people in hazardous mining and other operations, are perhaps more numerous than in other countries, and those from violence are perhaps no less so. In one of the most populous mountain counties of the State, the number of deaths registered since the passage of the law is 42, and of this number 20 are set down to accident and violence.

It is to be regretted, for many many reasons, that the entire State has not fully complied with the requisitions of the registration law, although the list of counties has increased since my report was prepared, San Francisco being the only county that has perhaps fully complied with the law regulating the registration of deaths. A record in the city by the attendant physisian being a wise sanitary municipal regulation, it was my desire to have prepared the mortuary statistics of that county entire, but time and their want of adequate facilities have prevented. Next in order in point of fullness are the records of deaths in Sacramento. In conclusion, although his position has been of no pecuniary benefit, but on the contrary a dead loss of time and labor to the State Registrar, he trusts that the facts and statistics he has embodied in this report will be of some benefit to the State and its people."

The incorporated City of Menlo Park has turned over the administration of its public health to the San Mateo County Health Department, of which Dr. Charles C. Gans is Health Officer. With this action, the San Mateo County Health Unit now covers the entire geographical area of the county, both urban and rural territory being served by this efficient health department.

When first organized, the unit covered only the rural territory of the county but, as the benefits that are accrued through full-time public health service became apparent to the officers of the various incorporated areas of the county, the administration of their public health affairs was gradually turned over to the county.

The names of other counties having full-time health units that cover the entire geographical area of the county are: Imperial, Madera, Monterey, Orange, San Joaquin, San Luis Obispo, Sutter, Ventura, Yolo, and Yuba.

In the last World War, 4,000 men were killed in the 10 minutes before the Armistice was declared. Multiply that 10 minutes by hours and days and weeks and months and even years, and you will realize to what extent the power to shorten this war, and save the lives of thousands of our boys, lies within your pocket and your power. Buy Bonds!—Fannie Hurst.

CASES OF POLIOMYELITIS
JANUARY-DECEMBER, 1943
CIVILIAN CASES

County	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total	Rates*
Alameda	1				6	15	39	40	33	22	8	3	167	28.7
Alpine														
Amador							1	1					2	23.2
Butte							2	6	11	2		1	122	49.8
Calaveras									1				1	
Colusa								2		1	2	2	7	73.7
Contra Costa				1	1	15	47	23	19	6	9	2	123	69.9
Del Norte											1		1	
El Dorado									4				4	32.8
Fresno	3					11	14	7	14	3	1		53	29.4
Glenn						1				1	1		3	26.3
Humboldt								2	2	14	22	3	43	90.1
Imperial						2							2	3.3
Inyo														
Kern	1	1		1	1	33	71	16	22	1	18	3	168	124.4
Kings						1		5	4			2	12	34.3
Lake							1	6	2	1			10	131.6
Lassen						1	1	1					3	18.6
Los Angeles	14	11	6	11	21	73	90	147	219	101	59	26	778	25.9
Madera	1					1	1	1	3			2	9	37.7
Marin	1					2	5	6	5	3		1	23	35.5
Mariposa								1					1	
Mendocino							11	7	3				21	78.9
Merced						1		2	1	1	1		6	12.8
Modoc														
Mono									1	1	1		3	147.0
Monterey							2	4	3	1	2		12	14.4
Napa	1						1	1			2		5	11.9
Nevada	1									2			3	17.6
Orange			2	5	6	6	3	2	13	5	5		47	32.4
Placer							2				1	1	4	16.0
Plumas								1	2		1		4	29.0
Riverside						3			5	2			10	8.7
Sacramento				1		17	10	32	19	10	3	2	94	48.2
San Benito							1		2			1	4	35.1
San Ber'dino	2		1		2	5	3	4	8	4	5	1	35	19.7
San Diego	2		2	1	3	1	8	22	46	16	11	4	116	29.0
San Francisco		1	1		5	7	14	24	25	35	25	8	145	21.3
San Joaquin		1			1	2	8	14	9	5	8		48	33.3
San L. Obispo				1	1		4	1	3	4	1		15	34.9
San Mateo			1		1	3	7	6	19	10	3	1	51	38.3
Santa Barbara					1	1	3	13	20	5	9	3	55	77.5
Santa Clara			3	2		5	25	39	29	12	6	8	129	66.8
Santa Cruz		1	1		1		6	6	8	2	3	1	29	70.7
Shasta			1				2	4	8	2	1		18	48.9
Sierra														
Siskiyou									3	3	3	2	11	38.7
Solano					1	13	7	9	6	3	1	1	41	39.4
Sonoma						17	29	17	9	7	3	1	83	112.2
Stanislaus						1	11	9	1	5	1	2	30	37.0
Sutter						2	1	2		1	1		7	33.3
Tehama					1		3	9	5		3		21	150.0
Trinity														
Tulare						5	10	6	10	8	2	2	43	39.1
Tuolumne											3		3	33.3
Ventura						1	1	7	5	1	1	1	17	24.0
Yolo						2	5	10	12				29	96.7
Yuba						6		2	2	4	1		15	78.9
Not allocated							25	15	4	2		1	47	
State total	27	15	18	23	53	253	473	532	620	306	228	85	2,633	34.4

* Rates per 100,000 population using 7,660,000 as estimated by the California Tax Payers' Association for January, 1943.

STANISLAUS COUNTY PLANS NEW TUBERCULOSIS UNIT

At a meeting of the Stanislaus County Grand Jury, the Chief of the Bureau of Tuberculosis urged the building of a new tuberculosis unit at Modesto to replace present inadequate facilities. For many months the Health Officer of Stanislaus County, the President of the County Tuberculosis Association, and the Secretary of the California Tuberculosis Association, have worked to secure the provision of better facilities for the treatment of the county's tuberculous. As a result, following the Grand Jury's recommendation, the board of supervisors has appropriated funds for a thirty-two bed tuberculosis unit to be erected on the grounds of the County Hospital.

HEARING INSTITUTES SCHEDULED

Institutes on conservation of hearing will be given in southern California during the first three weeks of February by Dr. Warren H. Gardner, hearing conservation specialist of the Bureau of Maternal and Child Health. The all-day sessions will be held at Fresno, February 1; Bakersfield, February 3; Riverside, February 9; San Diego, February 7; and Santa Barbara, February 17. All persons interested in hearing conservation programs for children are invited. These include health officers, physicians, public health nurses, school administrators, rural health supervisors, and interested teachers.

Dr. Gardner particularly desires that local health officers attend the meetings and discuss the place of hearing conservation in the general program of child health.

The essential features of a complete hearing conservation program will be discussed. Demonstrations and methods of improving testing techniques, instructions on criteria and referral and adequate follow-up procedures will be given. Dr. Gardner will be glad to test audiometers being used in the schools.

INDUSTRIAL WASTE NUISANCE INVESTIGATED

The proper disposal of industrial waste is a growing menace in the provision of adequate sanitary facilities in California. Last month it was discovered that industries have abused the privilege of draining clear water into a dry channel in southern California until, at the present time, there is an almost constant flow of 5,000,000 gallons a day through what was a dry channel. Furthermore, this drainage is seriously impregnated with acids, oils, salts, copper, and aluminum hydrate. A citrus plant, which formerly ran about 50 tons of waste daily during the season, now operates almost constantly at 400 to 500 tons per day. This nuisance has gotten entirely out of hand and involves a serious problem. In another community the conversion of a winery to a molasses distillation plant has produced an odor nuisance which involves an enormous geographical area.

The solution of these problems pertaining to waste disposal is not easy, requiring the application of intensive study and field work in an effort to provide a definite and adequate solution.

Democracy and the freedom we are fighting for spring from the great ideas at the heart of church and synagogue, the sovereignty of God and the dignity of man.—Rev. Frank Curtis Williams.

MANY POSTWAR SANITATION PROJECTS PLANNED

A rapid survey of the postwar outlook for sanitation projects reveals that at least 29 cities in California need entirely new sewer systems and 60 cities need new sewage treatment plants. In addition, 20 cities will need to enlarge their treatment plants. Meanwhile, industrial waste problems grow with great rapidity. At the present time industrial wastes are equivalent to wastes from a population of 12,000,000 people. It is estimated that, exclusive of industrial waste, $50,000,000 will be needed in the development of sewage treatment programs to include the construction of interceptors and outfalls.

CALIFORNIA INFLUENZA CASES REPORTED IN 1943

County	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Alameda	6	20	5	3	5	13	4		4	1	3	552	616
Alpine													
Amador			1										1
Butte			15	4		3		2		1	3	109	137
Calaveras													
Colusa													
Contra Costa	1		1	1	1	13		2	1	1		267	288
Del Norte					20							21	41
El Dorado												34	34
Fresno	1	2	4	2						4		163	176
Glenn												106	106
Humboldt		1										9	10
Imperial		8		7								46	61
Inyo	4			1		2	3					13	23
Kern		8	3		2			1		2		86	102
Kings												60	60
Lake													
Lassen													
Los Angeles	143	187	156	105	58	100	36	29	26	29	43	3,181	4,093
Madera												28	28
Marin		1					9				2	379	391
Mariposa													
Mendocino													
Merced												6	6
Modoc													
Mono													
Monterey	1											404	405
Napa												81	81
Nevada												13	13
Orange	2		2			12	3		3	1	2	169	194
Placer										2			2
Plumas												200	200
Riverside		4	26	4	1	1			2			141	179
Sacramento	3	5	13	1	4					1	3	186	216
San Benito		1											1
San Bernardino		3								1		124	128
San Diego	6	6	2		12	4	4		2		2	68	106
San Francisco	30	19	9	4	12	9	8	1	3	6	3	1,174	1,278
San Joaquin	1	3	1	1	7	1	3					1,532	1,549
San Luis Obispo	3	5	3									16	27
San Mateo			1		1	8						145	155
Santa Barbara										1		23	24
Santa Clara	14	4	11	2	2							387	420
Santa Cruz			8									12	20
Shasta								1				35	36
Sierra												30	30
Siskiyou												17	17
Solano							1			1	2	581	585
Sonoma	3	6	5		1	1				1		518	535
Stanislaus		1											1
Sutter												36	36
Tehama		5	4		8							27	44
Trinity												4	4
Tulare												8	8
Tuolumne													
Ventura		1			2			1				36	40
Yolo												3	3
Yuba			2									53	55
Totals	218	290	272	135	136	167	71	37	41	52	63	11,083	12,565

MORBIDITY REPORT—DECEMBER, 1943

Reportable diseases	Week ending 12-4	12-11	12-18	12-25	1-1-44	Total cases Dec.	5-yr. median Dec.	Total cases Jan.-Dec. inc.
Amebiasis (Amoebic Dysentery)	3	3	4	2	2	14		107
Anthrax								
Botulism					4	4		11
Chancroid	6	4	9	12	11	42		221
Chickenpox (Varicella)	655	705	694	500	462	3,016	2,184	44,701
Cholera, Asiatic								
Coccidioidal granuloma			1	1		2		21
Conjunctivitis—acute infectious of the newborn (Ophthalmia Neonatorum)	1	1			1	3		38
Dengue								1
Diphtheria	39	28	26	14	34	141	119	1,168
Dysentery, bacillary	6	11	9	5		31		457
Encephalitis, infectious	2			2		4		161
Epidemic diarrhea of the newborn			2			2		159
Epilepsy	27	42	33	28	28	158		1,591
Food poisoning	11	27		7	6	51		956
German measles (Rubella)	81	59	40	63	44	287		29,356
Glanders								
Gonococcus infection	311	225	285	400	283	1,504	1,328	14,656
Granuloma inguinale				2	1	3		25
Influenza, epidemic	31	95	1,349	4,281	5,327	11,083	178	12,565
Jaundice, infectious	4	3	6	4	3	20		117
Leprosy		2				2		8
Lymphogranuloma venereum (lymphopathia venereum, lymphogranuloma inguinale)	4	5	4	2	3	18		193
Malaria	2	4	2	5	1	14	6	144
Measles (Rubeola)	124	116	171	143	151	705	808	21,134
Meningitis, meningococcic	23	18	10	12	18	81	7	930
Mumps (Parotitis)	428	428	386	398	302	1,942	1,838	24,427
Paratyphoid fever, A and B	1		2			3		45
Plague								1
Pneumonia, infectious	68	58	87	136	104	453	350	4,359
Poliomyelitis, acute anterior	29	18	18	9	11	85	14	2,633
Psittacosis								1
Rabies, human					1	1		3
Rabies, animal	14	9	10	10	9	52	36	749
Relapsing fever								2
Rheumatic fever	15	7	6	2		30		356
Rocky Mountain spotted fever								5
Scarlet fever	204	199	202	179	145	929	697	7,155
Septic sore throat, epidemic								
Smallpox (variola)							4	4
Syphilis	614	397	424	492	460	2,387	1,574	29,498
Tetanus	1	3			1	5		63
Trachoma	1		1	1	1	4		120
Trichinosis	1		1	3		5		19
Tuberculosis, pulmonary	146	147	162	108	123	686	520	7,533
Tuberculosis, other forms	13	8	28	9	7	65	35	445
Tularemia		1				1		8
Typhoid fever	2	26	2	1		31	20	164
Typhus fever		2	2			4		25
Undulant fever (Brucellosis)	5	7	3	5	5	25	18	238
Whooping cough (Pertussis)	106	117	85	62	59	429	795	14,333
Yellow fever								
								220,915

NO PRIORITIES NEEDED ON X-RAY EQUIPMENT

Public health workers throughout the State are interested in the fact that priorities are no longer necessary on X-ray equipment. This will have a far reaching effect in advancing facilities for the diagnosis of tuberculosis and will enable the miniature film units, which are now used quite generally in the diagnosis of tuberculosis, to be brought into more general use. By the middle of the year there should be no difficulties in the making of X-ray pictures for all suspected cases in California.

printed in CALIFORNIA STATE PRINTING OFFICE
SACRAMENTO, *1944* GEORGE H. MOORE, STATE PRINTER 30900 1-44 6500